



DEPT. OF ECOLOGY

MAY 19 2011

**Water Resources Program**  
**Application for a Water Right Permit**

☒ SURFACE WATER ☐ GROUND WATER ☐ PERMANENT  
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

**Section 1. APPLICANT**

Applicant/Business Name: Royal Post	3604227201	Other No:
34595 North Shore Drive		
Mount Vernon	Wa	98274

Contact Name (if different from above): Jackie Chriest	3604225200	Other No:
Agent –		
33688 Bamboo Lane		
Mount Vernon	Wa	98274
jaxchriest@startouch.net		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: same as applicant	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: to provide a permanent water source to cabin. This water source has already been completed and been in used for unknown period of time.

Anticipated length of time to complete your project: n/a

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic/Single Family	5 0.011 cfs		continuous

For Ecology Use	APPLICATION NO: <u>51-28704</u>	SEPA: <u>Exempt</u> /Not Exempt
Fee Paid: <u>50-</u>	Check No: <u>4512</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>5/19/11</u> By <u>DS</u> WRIA: <u>3</u>







(1.0000 ac) LAKE CAVANAUGH SUB DIV 1 PTN TR D DAF BAT NE COR TR D TH S 900 FT TH W 325 FT TPOB TH CONT W 208FT TH S 208FT TH E 208FT TH N 208 FT RTPOB						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
	02	26	33	06	Skagit	66484

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Existing 1 1/4' polybutylene intake line extends out lake approximately 150 feet. Foot valve on end of water line approximately 15 feet above lake bottom. Equipment: 1/2 hp jet pump, 5 micron particulate filter, ultraviolet light bacteria disinfection, expansion tank.

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: 1	Present population to be served water: _____
Type of connections: home <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_

### Other Use

## Section 9. WATER STORAGE



Will you be using a dam, dike, or other structure to retain or store water? ☐ YES x ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES x ☒ NO

Will the water depth be 10 feet or more? ☐ YES x ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Lake Cavanaugh Road to North Shore

Site Address: 34595 NORTH SHORE Drive, Mount Vernon WA 98274

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

JACKIE CHRIEST

Print Name  
(Applicant or authorized representative)

Jackie Chriest  
Signature

5-12-11  
Date

ROYAL POST

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Royal Post 5-12-11

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300